

● PRINTER RUSH ●
(PTO ASSISTANCE)

CORRESP.
HC

Application : 10/655787 Examiner : Patel, R. B. GAU : 2838
From : AMW/CP Location : IDC FMF FDC Date : 1/17/06

Tracking #: _____

Week Date: _____

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449	_____	<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS	_____	<input type="checkbox"/> Foreign Priority
<input checked="" type="checkbox"/> CLM	<u>08-02-2005</u>	<input type="checkbox"/> Document Legibility
<input type="checkbox"/> IIFW	_____	<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW	_____	<input type="checkbox"/> Other
<input type="checkbox"/> DRW	_____	
<input type="checkbox"/> OATH	_____	
<input type="checkbox"/> 312	_____	
<input type="checkbox"/> SPEC	_____	

[RUSH] MESSAGE: IMPROPER DEPENDENCY: Original claims 14-17
(final claims 9-12) each depend upon cancelled original claim 13.
Please correct.

Thank you, AMW

[XRUSH] RESPONSE: _____

INITIALS:

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.

REV 10/04